

**West Virginia Department of Transportation
Division of Highways
EEO Division, External Contract Compliance Section
Building 5, Room 948, State Capitol Complex
Charleston, WV 25305**

LABOR COMPLIANCE COMPLAINT

1. Name: _____ 2. Social Security #: _____
Mailing Address: _____
3. Home Phone: _____ Other Phone: _____
4. Identification of Federal-aid Highway Project on which this complaint is filed:

(Project number, if known) (location of project)
5. Nature of complaint (check applicable statements):
- a. underpayment of wages for work performed _____
 - b. underpayment of overtime for work performed _____
 - c. unauthorized payroll deductions _____
 - d. non-payment of fringe benefits _____
 - e. other (explain) _____
6. Name of contractor you were employed by: _____
7. Name of immediate supervisor: _____
8. Dates during which your complaint occurred:
From _____ To _____
9. Describe your complaint: Be specific as to type of work performed and tools used. (Use back of form, if necessary)
10. Have you explained your complaint to your employer? Yes__ No__
If so, who did you talk to? _____
11. Do you authorize the WV Department of Transportation to release information contained in this complaint to your employer? Yes__ No__
Information will not be disclosed without your written consent.

(Signature) (Date)